

**THE STATE OF NEW HAMPSHIRE
JUDICIAL BRANCH**

<http://www.courts.state.nh.us>

Court Name: _____

Case Name: _____

Case Number: _____
(if known)

APPEARANCE or WITHDRAWAL

Complete this form for either an appearance or a withdrawal.

| | |
|---|---|
| <p style="text-align: center;">APPEARANCE</p> <p>Please enter my appearance as:</p> <p><input type="checkbox"/> Attorney for _____ <small>Enter name(s) of party(ies) you represent.</small></p> <hr/> <p><input type="checkbox"/> <i>Pro se</i> (appearing for one's self)</p> <p>Check the capacity of <i>pro se</i> party or party represented by attorney:</p> <p><input type="checkbox"/> fiduciary</p> <p><input type="checkbox"/> creditor</p> <p><input type="checkbox"/> heir</p> <p><input type="checkbox"/> beneficiary/legatee</p> <p><input type="checkbox"/> other _____</p> | <p style="text-align: center;">MOTION FOR WITHDRAWAL <small>(attorney only)</small></p> <p>Please withdraw my appearance as:</p> <p>Attorney for _____ <small>Enter name(s) of party(ies) you represent.</small></p> <p>Reason for withdrawal: _____</p> <hr/> <p style="text-align: center;">WITHDRAWAL <small>(other than attorney)</small></p> <p>Please withdraw my appearance in my capacity as:</p> <p><input type="checkbox"/> fiduciary</p> <p><input type="checkbox"/> creditor</p> <p><input type="checkbox"/> heir</p> <p><input type="checkbox"/> beneficiary/legatee</p> <p><input type="checkbox"/> other _____</p> |
|---|---|

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION. ALL NOTICES FROM THE COURT WILL BE SENT TO THE ATTORNEY OR *PRO SE* PARTY NAMED BELOW.

Attorney or *pro se* name _____

Name of law firm (*if applicable*) _____

Mailing address _____

Telephone number _____

Date

Signature

| |
|--------------|
| ORDER |
|--------------|

- ☐ Motion for withdrawal granted.
- ☐ Motion for withdrawal denied.

Date

Judge